

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

<b>To:</b> Occupational Therapists Managed Care Plans	<b>Memorandum No.:</b> 04-10 MAA <b>Issued:</b> March 31 2004
<b>From:</b> Douglas Porter, Assistant Secretary Medical Assistance Administration	<b>For Information Contact:</b> 1-800-562-6188
<b>Subject:</b> Occupational Therapy – Aquatic Therapy Services (CPT code 97113) Added to Coverage Effective April 1, 2004	

<b>Effective for dates of service on and after April 1, 2004</b> , the Medical Assistance Administration (MAA) will reimburse occupational therapy providers for aquatic therapy with therapeutic exercises.
--

## **Coding Changes**

MAA will consider aquatic therapy with therapeutic exercises as part of the client's twelve visit limitation for the occupational therapy program. Bill MAA using CPT™ code 97113 for aquatic therapy with therapeutic exercises.

Attached are updated replacement pages 7/8, 8a/8b, and 9/10 for MAA's Occupational Therapy Billing Instructions, dated July 1999.

**Note:** One additional change at the bottom of replacement page 7. The last bulleted item regarding custom splints is struck out – this service was discontinued for dates of service on and after October 1, 2003 as announced in numbered memo 03-78.

To obtain MAA's provider numbered memoranda and billing instructions, go to HRSA's website at <http://hrsa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

*(CPT codes and descriptions are copyright 2003 American Medical Association.)*



## Visit Limitations

If time is included in the CPT code description, the beginning and ending times of each therapy modality must be documented in the client's medical record.

If the description does not include time, the procedure is counted as one visit, regardless of how long the procedure takes.

The following are considered occupational therapy program visits and are part of the 12-visit limitation:

- Therapeutic exercises (CPT code 97110);
- Neuromuscular reduction (CPT code 97112);
- Aquatic therapy with therapeutic exercises (CPT code 97113);
- Prosthetic training (CPT code 97520);
- Therapeutic activities (CPT code 97530);
- Self-care/home management training (CPT code 97535); and,
- Community/work reintegration training (CPT code 97537).



**Note:** Two 15-minute increments, in any combination (same or different) of the above codes, will be counted as one occupational therapy visit.

- Cognitive Skills (CPT codes 97532 and 97533).



**Note:** Each 15-minute increment of cognitive skills will be counted as one occupational therapy program visit.

The following are not included in the 12-visit limitation:

- Evaluation of occupational therapy (CPT code 97003). Allowed once per calendar year, per client.
- Checkout for orthotic/prosthetic use (CPT code 97703). Two 15-minute increments are allowed per day. Procedure code 97703 can be billed alone or with other occupational therapy allowed CPT codes.
- DME needs assessments (CPT code 97703). Two allowed per calendar year. Two 15-minute increments are allowed per assessment.
- Orthotics fitting and training upper and/or lower extremities (CPT code 97504). Two 15-minute increments are allowed per day. Procedure code 97504 can be billed alone or with other occupational therapy CPT codes.
- ~~Custom splints (cockup and/or dynamic) (State unique procedure code 0002M).~~

**Duplicate services for Occupational, Physical, and Speech Therapy are not allowed for the same client when both providers are performing the same or similar intervention(s).**

---

*(CPT codes and descriptions are copyright 2003 American Medical Association.)*

(Revised March 2004)

- 7 -

Coverage

# Memo 04-10 MAA

**Washington State  
Expedited Prior Authorization Criteria Coding List  
For Occupational Therapy (OT) LEs**

**OCCUPATIONAL THERAPY**

**CPT: 97110, 97112, 97113, 97520, 97530, 97532, 97533, 97535, 97537**

<b>Code</b>	<b>Criteria</b>
<b>644</b>	<b><u>An additional 12 Occupational Therapy</u></b> visits when the client has already used the allowed visits for the current year and has <b><u>one</u></b> of the following:  <ol style="list-style-type: none"><li>1. Hand\Upper Extremity Joint Surgery</li><li>2. CVA not requiring acute inpatient rehabilitation</li></ol>
<b>645</b>	<b><u>An additional 24 Occupational Therapy</u></b> visits when the client has already used the allowed visits for the current year and has recently completed an acute inpatient rehabilitation stay.

## **Are school medical services covered?**

MAA covers occupational therapy services provided in a school setting for school-contracted services that are noted in the client's Individual Education Program (IEP) or Individualized Family Service Plan (IFSP). Refer to MAA's School Medical Services Billing Instructions. (See *Important Contacts*.)

## **What is not covered? [WAC 388-545-0300 (7)]**

MAA does not cover occupational therapy services that are included as part of the reimbursement for other treatment programs. This includes, but is not limited to, hospital inpatient and nursing facility services.

(CPT procedure codes and descriptions are copyright 2003 American Medical Association.)

# Fee Schedule

Due to its licensing agreement with the American Medical Association, MAA publishes only the official, brief CPT™ code descriptions. To view the full descriptions, please refer to your current CPT book.

Procedure Code	Brief Description	April 1, 2004 Maximum Allowable	
		Non Facility Setting	Facility Setting
64550	Apply neurostimulator	\$17.06	\$5.46
97003	OT evaluation	48.00	37.31
97110	Therapeutic exercises	17.06	17.06
97112	Neuromuscular reeducation	17.52	17.52
97113	Aquatic therapy with therapeutic exercises	18.20	18.20
97504	Orthotic training	17.29	17.29
97520	Prosthetic training	16.84	16.84
97530	Therapeutic activities	17.29	17.29
97532	Cognitive skills development	14.79	14.79
97533	Sensory Integration	15.70	15.70
97535	Self care mngment training	18.65	18.65
97537	Community/work reintegration	16.61	16.61
97703	Prosthetic checkout	13.65	13.65
0002M*	Custom splints (cockup and/or dynamic) <i>Discontinued for dates of service on and after October 1, 2003</i>	47.76	47.76

(CPT procedure codes and descriptions are copyright 2003 American Medical Association.)